## **Animal Waste Management System Operator Designation Form**

## WPCSOCC NCAC 15A 8F .0201

Facility/Farm Name	•		
Permit #:		Facility ID#:	:County:
Operator In Charge	(OIC)		
Name: First			
		Last	Jr, Sr, etc.
Cert Type / Number:_			Work Phone: ()
Signature:			Date:
	to the responsibili	ties set forth in 15A NC	or the facility noted. I understand and will abide by the rule CAC 08F .0203 and failing to do so can result in Disciplination Commission."
Back-up Operator In	n Charge (Ba	ck-up OIC) ( <i>Opti</i>	ional)
First A	Iiddle	Last	Jr, Sr, etc.
Cert Type / Number:_			Work Phone: ()
Signature:			Date:
rules and regulations perta	ining to the respor	nsibilities set forth in 15	arge for the facility noted. I understand and will abide by the 5A NCAC 08F .0203 and failing to do so can result in cors Certification Commission."
Owner/Permittee Na	nme:		
Phone #: ()			Fax#: ()
Signature:			Date:
(Owner or auth	orized agent)		

Mail or fax to: WPCSOCC

1618 Mail Service Center Raleigh, N.C. 27699-1618 Fax: 919-733-1338

(Retain a copy of this form for your records)